

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522536

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	—	—				
5	—	1				
6	—	—				
7	—	—				
8	—	1				
9	—	—				
10	—	1				
11	—	—				
12	—	—				
13	—	—				
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	12	←	←	←	←	←
TOTAL CLAIMS	13	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]